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25231 7590 11/1:	Certificate of Mailing or Transmission					
MARSH, FISCHMANN & BRE 3151 SOUTH VAUGHN WAY SUITE 411	I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.					
AURORA, CO 80014						(Depositor's name)
		-				(Signature)
		L				(Date)
APPLICATION NO. FILING DATE		FIRST NAMED INVENT	OR	ATTORN	IEY DOCKET NO.	CONFIRMATION NO.
10/790,958 03/02/2004		Mark J. Hampden-Smi	mith 41890-01693 2158		2158	
TITLE OF INVENTION: PALLADIU PALLADIUM-CONTAINING DEVICES MAD		ARTICLES, METHO	D AND APPA	RATUS	OF MANUFA	CTURE,
APPLN. TYPE SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DU	E PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional NO	\$1400	\$300	\$0		\$1700	02/13/2007
EXAMINER	ART UNIT	CLASS-SUBCLASS				
WYSZOMIERSKI, GEORGE P	1742	148-537000				
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member of a single firm (ha						
"Fee Address" indication (or "Fee Address PTO/SB/47; Rev 03-02 or more recent) attack Number is required.	(2) the name of a single registered attorney of 2 registered patent a listed, no name will	f a single firm (having as a member a ney or agent) and the names of up to ent attorneys or agents. If no name is will be printed.  2 FISCHMANN & 3 BREYFOGLE				
3. ASSIGNEE NAME AND RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print or	ype)			
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.						
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)						
CABOT CORPORATION BOSTON, MA						
Please check the appropriate assignee category or	categories (will not be pr	rinted on the patent):	☐ Individual 🏻 Co	orporation	or other private grou	up entity Government
4a. The following fee(s) are submitted:  4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  ☐ A check is enclosed.						hown above)
Publication Fee (No small entity discount p	<ul> <li>☐ Payment by credit card. Form PTO-2038 is attached.</li> <li>☑ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-1419 (enclose an extra copy of this form).</li> </ul>					
5. Change in Entity Status (from status indicated	l above)	overpayment, to De	JOSE ACCOUNT NUMBE	: <u> </u>	419 (enclose an	extra copy of this form).
a. Applicant claims SMALL ENTITY statu	s. See 37 CFR 1.27.	☐ b. Applicant is no le				
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Authorized Signature			Date	ىد. 20	, 2006	
Typed or printed name <u>DAVID</u> F. I	DOCKERY		Registration N	o. 34	,323	
This collection of information is required by 37 Cm application. Confidentiality is governed by 35 submitting the completed application form to the his form and/or suggestions for reducing this bur 30x 1450, Alexandria, Virginia 22313-1450. DO Alexandria, Virginia 22313-1450. Jnder the Paperwork Reduction Act of 1995, no page 1450.						